FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **H34457** **(2)**

1. Corporation Name

BARTRAM & BRAKENHOFF OF FLORIDA, INC.

Principal Place of Business	Mailing Address
%CHARLES LEA HUME 44 W FLAGLER ST. 18TH FL MIAMI FL 33130 US	% CHARLES LEA HUME, ESQ 44 W FLAGLER ST. 18TH FL MIAMI FL 33130 US

2. Principal Place of Business	2a. Mailing Address
21 c/o Charles Lea Hume	26 c/o Charles Lea Hume
Suite, Apt. #, etc. 22 701 Brickell Ave., 16 FL	Suite, Apt. #, etc. 27 701 Brickell Ave.,16 FL
City & State 23 Miami, FL	City & State 28 Miami, FL
Zip 24 33131 Country 25 U.S.A.	Zip 29 33131 Country 30 U.S.A.

3. Date Incorporated or Qualified	3a. Date of Last Report
12/17/1984	05/01/1995

4. FEI Number: 06-1121536 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

HUME, CHARLES LEA, ESQUIRE
~~COURTHOUSE TOWER 18TH FLOOR~~
~~44 W FLAGLER ST~~
~~MIAMI FL 33130~~

10. Name and Address of New Registered Agent

81 Name: Charles Lea Hume, Esquire
82 Street Address (P.O. Box Number is Not Acceptable): Baker & McKenzie
83 701 Brickell Ave., 16th FL
84 City: Miami FL 85 Zip Code: 33131

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Charles Lea Hume Charles Lea Hume DATE: 3/11/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when filing)

12. OFFICERS AND DIRECTORS		
TITLE	PD	☐ DELETE
NAME	BARTRAM, JR., J. BURR	
STREET ADDRESS	2 MARINA PLAZA, GOAT ISLAND	
CITY-ST-ZIP	NEWPORT RI	
TITLE	STD	☐ DELETE
NAME	BRAKENHOFF, BRUCE R.	
STREET ADDRESS	2 MARINA PLAZA, GOAT ISLAND	
CITY-ST-ZIP	NEWPORT RI	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] 3/8/96 (401)846-7355
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)